

**Department of Health and Human Services
Administration for Children and Families**

Territorial Financial Report ACF-196-TR Financial Report						
TERRITORY	FISCAL YEAR	CURRENT QTR. ENDING		NEXT QTR. ENDING		FINAL REPORT? [] YES [] NO
ITEMS	(A) TANF	(B) TANF MOE	(C) 1108(b) & FGA	(D) 1108(b) & MOE	(E) ADULT PROGRAMS	(F) TOTAL
1. AWARDED	\$		\$		\$	
2. TRANSFER TO CCDF DISC.	\$		\$		\$	
3. TRANSFER TO SSBG	\$		\$		\$	
4. AVAILABLE FOR EXPENDITURE	\$		\$		\$	
5. EXPENDITURES ON ASST.	\$		\$			\$
(A). BASIC ASSISTANCE	\$		\$			\$
(B). CHILD CARE	\$		\$			\$
(C). TRANS & OTHER	\$		\$			\$
(D). UNDER PRIOR LAW	\$		\$			\$
6. EXPENDITURES NON-ASST.	\$		\$			\$
(A). WORK ACTIVITIES	\$		\$			\$
1. WORK SUBSIDIES	\$		\$			\$
2. EDUCATION & TRAINING	\$		\$			\$
3. OTHER WORK ACT./EXP.	\$		\$			\$
(B) CHILD CARE	\$		\$			\$
(C) TRANSPORTATION	\$		\$			\$
1. JOB ACCESS	\$		\$			\$
2. OTHER	\$		\$			\$
(D) INDIVIDUAL DEV. ACCTS.	\$		\$			\$
(E) REFUNDABLE EITC	\$		\$			\$
(F) OTHER REF. TAX CREDITS	\$		\$			\$
(G) NON-RECURRENT ST BENEFITS	\$		\$			\$
(H) PREV. OUT-OF-WEDLOCK PREG.	\$		\$			\$
(I) 2-PARENT FMYL FORM. MAINT.	\$		\$			\$
(J) ADMINISTRATION	\$		\$			\$
(K) SYSTEMS	\$		\$			\$
(L) NON-ASST. UNDER PRIOR LAW	\$		\$			\$
(M) OTHER	\$		\$			\$
7. FOSTER CARE			\$	\$		\$
8. ADOPTION ASSISTANCE			\$	\$		\$
9. CHAFEE (CFCIP)			\$	\$		\$
10. AGED					\$	\$
11. BLIND					\$	\$
12. DISABLED					\$	\$
13. TOTAL FED. SHARE EXPENDITURES	\$		\$		\$	\$
14. UNLIQUIDATED OBLIGATION	\$		\$		\$	\$
15. UNOBLIGATED BALANCE	\$		\$		\$	\$
16. TERRITORIAL SHARE		\$		\$	\$	\$
17. REPLACEMENT FUNDS		\$				
QUARTERLY ESTIMATE						
18. ESTIMATE FOR NEXT QTR. ENDED	\$		\$		\$	\$

THIS IS TO CERTIFY THAT THE INFORMATION REPORTED ON ALL PARTS OF THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: AUTHORIZED STATE OFFICIAL		TYPED NAME, TITLE, AGENCY NAME
DATE SUBMITTED:	SUBMITTAL: [] NEW [] REVISED	
PAGE 1 OF 1 OMB APPROVAL NOT NEEDED		